SHEILA LESLIE ASSEN didate's Name(print) Office ST HUMBOLOT REW NO ling address (include city and zip code)	MBL4 27
didate's Name(print) Office	District (if applicable)
25 HUMBOLOT KEND NO	89509 (000 186-306
ing address (include city and zip code)	Telephone Number
REPORT NUMBER 1 - DU Report Period Began: December 17, 1994, Report Period Began: December 21, 1996, 1 Report Period Began: December 19, 1998, 1 Report Period Ends: Au Cash on hand from previous campaign (should	E AUGUST 29, 2000 for an office with a six year term for an office with a four year term for an office with a two year term gust 23, 2000 equal the balance shown on your last disposition
of unspent contributions report), if any/?. \$26. 3	
CONTRIBUTIONS SUM	MARY
1. Total Amount of contributions in excess of \$100	A.7.1001.00
2. Total amount of contributions of \$100 or less	364.13
Actual number of contributions of \$100 or less	-
3. Interest and income earned, if any	
4. TOTAL AMOUNT OF ALL CONTRIBUTIONS	
(add lines 1 through 3)	27.965.73
EXPENSES SU	MMARY
5. Total amount of expenses in excess of \$100	18,620,45
6. Total amount of expenses of \$100 or less	3,971.76
7. Expense for filing fee	100.00
8. TOTAL AMOUNT OF ALL EXPENSES	
(add lines 5 through 7)	22.692.21
(add lines 5 through 7)	<u> </u>
ontributions or expenses are listed during this Report Peri ling officer.	od, only this page of the report needs to be filed
I declare under penalty of perjury that the foregoing is true	and correct.
7/ /	1/-1 P1.
Executed on $\frac{0/28/00}{}$	heila Alphie

Prescribed by Secretary of State NRS 294A.120, 294A.200 EL201.001(rev. 04/00)

Total number of pages for this report __//